

TWO CASES OF PARALYSIS OCCURRING DURING THE PUERPERAL STATE.¹

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AS cases of paralysis seemingly related to the puerperal state are comparatively rare, and yet of interest from the point of view of causation and prognosis, it might be worth while to record with a few remarks two cases which I have had the opportunity of observing in the Polyclinic service for nervous diseases.

CASE I.—Mrs. McC., aged twenty-two, about four months before coming to the clinic had given birth to her first child. The labor was easy and short. The uterus was entirely freed from clots, and convalescence was normal. Milk appeared in thirty-six hours and the lochia were sufficient, gradually ceasing after the thirteenth day. She had no fever. Three weeks after labor the patient seemed to be doing well; she ate her breakfast as usual. An hour later, however, she was completely paralyzed both as to motion and sensation on the right side and also was aphasic, but she was not unconscious at any time. Sensation was diminished on the left side, particularly in the thorax and arm, but returned to normal on this side in fourteen days; it gradually improved to some extent on the right side, commencing in the lower extremities. Her speech had also slightly improved. She had no eye symptoms. Slight swelling of the hands and feet lasted about two weeks.

When she first came for treatment she had paresis of the right upper extremity, most decided in the forearm and hand, the grasping power of the hand being particularly affected; she had also marked anæsthesia over a portion of the right half of her body, the loss of sensation being to pain, touch and temperature. The anæsthesia was present in the right arm, the right half of the trunk, back and front, to a line about two inches above the anterior superior spinous process of the ilium. Another anæsthetic area, oblong in

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shape, was situated in the central portion of the lower half of the front of the thigh. Another area was on the posterior aspect of the leg from the knee to just above the ankle. Other portions of the body and limbs were sensitive to impressions. From the history obtained from the patient's husband, and imperfectly from herself, she had apparently been completely hemianæsthetic at first, and sensation had gradually returned, except in the parts just described.

She presented a decided form of motor aphasia. She could understand all that was said to her, which she indicated by the expression of her face and gestures. When given something to read, she appeared to understand it, but she used only two or three expressions for everything she wished to say. She could name some things spontaneously, but not nouns and verbs; and she could utter many words which were repeated to her. She evidently received auditory and visual impressions, and turned them in her mind into names and ideas, but she could only speak a few simple words.

She remained under observation and treatment for ten months, during which time she made very great improvement in her paralysis, anæsthesia and aphasia. For the anæsthesia faradism with the dry brush was used; and a faradic current with moistened electrodes was used for the motor paralysis. For the aphasia a system of persistent training was undertaken, and met with considerable success. Internally, she was given potassium iodide and tonics. When she discontinued treatment, the anæsthesia and paralysis had almost completely disappeared, and the aphasic condition was greatly improved.

CASE II.—Mrs. M. E. P., aged thirty-eight, white, married, was perfectly well until her last labor, which occurred July 3, 1888. Her labor was normal, and she was well for eight days. On the eighth day the nurse was absent, and the patient sat up most of the day. When the nurse returned she found the patient standing up, reeling and trying to get into bed, which she managed to do, and then became insensible. On coming out of this condition several hours later, she was unable to speak or to put out her tongue, but was not otherwise paralyzed. She remained in bed, and a week later was taken with a severe chill, but did not lose consciousness. It was found then that she was paralyzed in the right arm and leg. In three or four weeks she began to use the paralyzed side a little, and gradually became well enough to walk about with some assistance.

When she came under observation, her face was drawn to the right side; she could wrinkle her forehead and close the right eye; and the tongue and uvula turned a little to the right. The right arm was a little smaller than the left from the shoulder to the hand. She could not raise her arm, which was completely paralyzed and the fingers contracted and flexed at the second phalangeal articulation. The thumb was flexed and drawn in over the palm of the hand. The right leg was completely paralyzed. Knee-jerk was exaggerated, and ankle clonus present in the right side. On the left side the knee-jerk was slight and there was no ankle clonus. Tactile sense was blunted on the right side. No cardiac murmur was present.

This patient remained under observation only a few days. The first case was treated for many months. I have thought it worth while, however, to notice the second case, as it corresponds in many points with the first, and both probably belong to the same category. In both the attacks came on comparatively soon after labor, and were probably connected with the puerperal state. Heart disease was absent in both cases; in both the involvement of speech, face, arm and leg, and the presence of contractility to electricity indicated a cerebral origin for the paralysis.

The literature of the subject of paralysis following labor does not appear to be extensive. The most recent paper is that of Dr. Lloyd in Hirst's *American System of Obstetrics*. This writer refers to the papers of Hervieux, Churchill, Imbert-Gourbeyre, Poupon and others. I have also found a few references to special cases. Lloyd objects to the term puerperal paralysis, if anything distinct or special is meant by that expression. The term, however, is a proper one for cases occurring at or near the time of labor, if it can be shown that the palsy has any connection with the process of labor or the phenomena of the puerperal state. The term is of course used only as we speak of other forms of paralysis with reference to their etiology. It is interesting to discuss the probable manner in which the monoplegia and hemiplegia which follow labor originate. Formerly uræmia was regarded as the most frequent cause.

Dr. Dercum and others have reported cases of hemiplegia occurring in Bright's disease apparently without any vascular or other lesion of the brain; in other words, due to some unilateral action of the poison on the nervous system. The truth probably is that some of the cases of so-called puerperal monoplegia and hemiplegia are uræmic in origin, but only in cases with chronic nephritis, and equally chronic disease of the blood-vessels. In both of

the cases reported no evidences of disease of the kidneys was present when the patients came under observation, but this was a considerable time after the occurrence of the paralysis. Nothing in the history of these cases indicated the probability of uræmia. In both the labor was normal, and in both the patients were doing well up to the time the paralysis occurred. The first patient was an unusually healthy looking woman; the second was pale, anæmic, and not strong looking. Uræmia can probably be excluded as the cause in both the cases.

In healthy women paralysis may occasionally occur owing to the great strain which is put on the blood-vessels during labor. Still, this is very rare, the system seeming to adapt itself to what it has to bear. In women with diseased blood-vessels associated with nephritis, such a result may of course readily occur. There would seem to be no particular reason why hæmorrhage should occur during the puerperal state unless as the result of increased blood pressure.

Hysterical hemiplegia may occur after labor as under almost any other circumstances. These two cases, and especially the first, seem to present some features of hysterical paralysis. The patient was hemianæsthetic as well as paralyzed. Against the view that the case was of hysterical nature are the facts that she had an aphasia of the kind usually associated with destructive brain disease; the persistency and peculiarity of the distribution of the anæsthesia; the absence of affections of the special senses, and also the absence of the moral and psychical symptoms which are usually present in hysteria. The fact that the patient improved but did not recover is in favor of the organic affection. Hysterical hemiplegia and hemianæsthesia are more likely to occur on the left side of the body, but of course a point of this kind is not of great value. Hysterical aphasia occasionally occurs, but it is rare and usually recovered from soon. The fact of the occurrence of organic aphasia only indicates that embolic paralysis which is probably that which most usually occurs after labor is most likely to be the result of blockage of arteries on the left side of the brain.